In re Rachel L Adams			
Debtor(s) Case Number:	According to the information required to be entered on this statemen (check one box as directed in Part I, III, or VI of this statement):		
(If known)	☐ The presumption arises.		
	■ The presumption does not arise.		
	$\square$ The presumption is temporarily inapplicable.		

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by  $\S 707(b)(2)(C)$ .

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

		Part II. CALCULATION OF M	ON	THLY INCO	M	E FOR § 707(b)(7	7) E	EXCLUSION		
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.									
2	b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complet for Lines 3-11.</b>					y law or my spouse an	d I a	are living apart o	thei	r than for the
	c.  Married, not filing jointly, without the declaration of separate households set out in Line ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.						o ab	ove. Complete h	oth	Column A
		Married, filing jointly. Complete both Colu					Spo	use's Income")	for	Lines 3-11.
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before					Column A		Column B		
		ling. If the amount of monthly income varied						Debtor's		Spouse's
		onth total by six, and enter the result on the a			, ,	ya maga arvide me		Income		Income
3	Gross	s wages, salary, tips, bonuses, overtime, cor	nmi	ssions.			\$	1,365.71	\$	
		ne from the operation of a business, profess								
		the difference in the appropriate column(s) of ess, profession or farm, enter aggregate numb								
		nter a number less than zero. <b>Do not include</b>								
4		b as a deduction in Part V.				<u>r</u>				
		T	<u> </u>	Debtor		Spouse				
	a.	Gross receipts	\$	0.00						
	b. c.	Ordinary and necessary business expenses Business income		btract Line b from			\$	0.00	2	
		'					Ψ	0.00	Ψ	
	<b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any</b>									
	part of the operating expenses entered on Line b as a deduction in Part V.									
5		I		Debtor		Spouse				
	a. b.	Gross receipts Ordinary and necessary operating expenses	\$	0.00 0.00						
	c.	Rent and other real property income	_	btract Line b from			\$	0.00	\$	
6		est, dividends, and royalties.					\$	0.00		
7	Pensi	on and retirement income.					\$	0.00		
	Any a	amounts paid by another person or entity,	on a	regular basis, for	th	e household				
0		nses of the debtor or the debtor's dependen								
8		ose. Do not include alimony or separate main								
	spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$	740.00	\$		
	_	pployment compensation. Enter the amount is		•	_					
		ever, if you contend that unemployment comp								
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
		<u> </u>	, vv .							
		mployment compensation claimed to benefit under the Social Security Act Debto	r \$	<b>0.00</b> Sp	ou	se \$	\$	0.00	\$	
	Incon	ne from all other sources. Specify source and	d an	ount. If necessary	7. li	st additional sources				
	on a s	eparate page. Do not include alimony or sep	ara	te maintenance pa	yr	nents paid by your				
		te if Column B is completed, but include all tenance. Do not include any benefits received								
		ed as a victim of a war crime, crime against h								
10		stic terrorism.		<i>3,</i>						
				Debtor	Ļ	Spouse				
	a. b.		\$		\$					
			Ф		11		¢	2.22	¢.	
		and enter on Line 10  tal of Current Monthly Income for § 707(1)	)(7)	Add Lines 2 thm	1/	) in Column A and if	\$	0.00	\$	
11		nn B is completed, add Lines 3 through 10 in					\$	2,105.71	\$	

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		2,105.71			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	1					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result.	number 12 and	\$	25,268.52			
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and ho (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankru						
	a. Enter debtor's state of residence: b. Enter debtor's household size:	1	\$	39,082.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		•				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "T top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.		loes no	ot arise" at the			
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)				
	Part IV. CALCUL	ATION OF CURRI	ENT MONTHLY INCO	ME FOR § 707(b)(2	2)
16	Enter the amount from Line 12.				\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a. b. c. d. Total and enter on Line 17		\$ \$ \$ \$		\$
18	Current monthly income for § 70	<b>7(b)(2).</b> Subtract Line 1'	7 from Line 16 and enter the res	sult.	\$
			F DEDUCTIONS FROM		
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				nformation is available of persons is the number number of any	\$
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 years of age Persons 65 years of age or older				
	a1. Allowance per person b1. Number of persons	a2. b2.	1 1		
ı	c1. Subtotal	c2.			\$
20A	Local Standards: housing and ut Utilities Standards; non-mortgage available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom y	expenses for the applicab from the clerk of the ban e allowed as exemptions of	ble county and family size. (Thinkruptcy court). The applicable	s information is family size consists of	\$

20B	not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rental expense \$						
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$ Subtract Line b from Line a.	\$				
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						
22A	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  \[ \begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \]  If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  □ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.  □ IRS Transportation Standards, Ownership Costs □ \$  □ Average Monthly Payment for any debts secured by Vehicle □ \$  □ 1, as stated in Line 42 □ \$  □ 2. Net ownership/lease expense for Vehicle 1 □ Subtract Line b from Line a.						
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Powerests for the delay account by Vehicle 2, as attend in Line 42; subtract Line b from Line a and onter						
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,						

Other Necessary Expenses: Involuntary deductions for employment. Emer the total average monthly payorol deductions that are equilered for your employment, such as resident contributions.  23 Other Necessary Expenses: Ille fusurance. Lance total average monthly premiums that you actually pay for term the hourance or your dependents, for whole life or for any other fort of fusurance.  24 Other Necessary Expenses: court-ordered payments. Enter the total mornhyly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include a payments on past due obligations included in Line 4.  25 Other Necessary Expenses: court-ordered payments. Enter the total mornhyly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include a payments on past due obligations included in Line 4.  26 Other Necessary Expenses: cluston for employment or for a physically or mentally challenged child. Enter education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  37 Other Necessary Expenses: childrare. Enter the total average monthly amount that you actually expend on health care as the abuly sixting, day care, morey and preschool. Do not finded other educational payments.  38 Other Necessary Expenses: cledium and that is a coscos of the amount amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reinhursed by information to payments for health heartnace or health savings account letted in Line 3.  39 Other Necessary Expenses: telecommunication services: Shert the total average monthly amount that you actually pay for telecommunication services other than your actually the payments for health heartnace or health savings account letted in Line 3.  30 Other Necessary Expenses allowed made IRS					
His insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	26	deductions that are required for your employment, such as retirement con	tributions, union dues, and uniform costs.	\$	
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as buby-sitting, day cans, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: the advance of part of payments for health surings accounts, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts is fail to Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as puggers, call vaining, caller id, special long distance, or internet service - to the extent necessary for your health and verifier or that of your dependents. Do not include any amount previously deducted.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  B. Disability	27	27 life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for</b>			
the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  31 Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  32 Other Necessary Expenses: telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  \$	28	pay pursuant to the order of a court or administrative agency, such as spo	nonthly amount that you are required to usal or child support payments. <b>Do not</b>	\$	
childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  3 Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  3 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  3 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  \$ Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  4 I you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  5 Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your family under the Family Violence Prevention and Servic	29	the total average monthly amount that you actually expend for education education that is required for a physically or mentally challenged dependent	that is a condition of employment and for	\$	
health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by incurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  32	30			\$	
actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance	31	health care that is required for the health and welfare of yourself or your insurance or paid by a health savings account, and that is in excess of the	dependents, that is not reimbursed by amount entered in Line 19B. <b>Do not</b>	\$	
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance	32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and			
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.   Health Insurance   \$	33	Total Expenses Allowed under IRS Standards. Enter the total of Lines	s 19 through 32.	\$	
a. Health Insurance		Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your			
b. Disability Insurance c. Health Savings Account S Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$	34				
Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  S					
Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  \$  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and				\$	
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$					
25 expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  26 Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  27 Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  28 Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		If you do not actually expend this total amount, state your actual total abelow:	average monthly expenditures in the space		
actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	35	expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such			
Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	36	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or			
actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	37	Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount			
	38	actually incur, not to exceed \$147.92* per child, for attendance at a private school by your dependent children less than 18 years of age. You must produce the documentation of your actual expenses, and you must explain why the	te or public elementary or secondary rovide your case trustee with	\$	

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will continuous as defined in 26 U.S.C. §			e form of cash or	\$
41	Tota	l Additional Expense Deductio	ons under § 707(b). Enter the total of I	Lines	34 through 40		\$
			Subpart C: Deductions for De	bt F	Payment		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt		verage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				1	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor					\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as					\$	
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
45	a. Projected average monthly Chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  c. Average monthly administrative expense of Chapter 13 case  Total: Multiply Lines a and b					\$	
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.				\$		
Subpart D: Total Deductions from Income							
47	Tota	l of all deductions allowed und	ler § 707(b)(2). Enter the total of Lines	33, 4	41, and 46.		\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION							
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$		
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))				\$		
50	Mon	thly disposable income under	§ <b>707(b)(2).</b> Subtract Line 49 from Line	e 48 a	and enter the resu	lt.	\$
51	60-m	=	§ 707(b)(2). Multiply the amount in Li	ine 50	0 by the number (	60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as directed.							
52	☐ <b>The amount on Line 51 is less than \$7,025</b> *. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind							
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (L.	ines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt	\$						
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$						
	Secondary presumption determination. Check the applicable box and proceed as directed.							
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII.	e" at the top of page 1						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	on arises" at the top						
	Part VII. ADDITIONAL EXPENSE CLAIMS							
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income under 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average neach item. Total the expenses.	er §						
	Expense Description Monthly Amount	nt						
	a. \$							
	b.	_						
	d. \$	$\dashv$						
	Total: Add Lines a, b, c, and d \$							
	Part VIII. VERIFICATION							
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint	t case, both debtors						
	must sign.)							
57	Date: November 12, 2012 Signature: /s/ Rachel L Adams Rachel L Adams							
	(Debtor)							

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

## **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period 05/01/2012 to 10/31/2012.

#### Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Work (did not work July and August)

Income by Month:

6 Months Ago:	05/2012	\$2,808.18
5 Months Ago:	06/2012	\$3,535.30
4 Months Ago:	07/2012	\$0.00
3 Months Ago:	08/2012	\$0.00
2 Months Ago:	09/2012	\$432.45
Last Month:	10/2012	\$1,418.31
	Average per month:	\$1,365,71

### Line 8 - Contributions to household expenses of the debtor or dependents

Source of Income: Contribution from partner

Income by Month:

6 Months Ago:	05/2012	\$740.00
5 Months Ago:	06/2012	\$740.00
4 Months Ago:	07/2012	\$740.00
3 Months Ago:	08/2012	\$740.00
2 Months Ago:	09/2012	\$740.00
Last Month:	10/2012	\$740.00
	Average per month:	\$740.00